Washington State
Department of Social
& Health Services

Report to the Legislature

Foster Children – Long Term Needs

KIDSCREEN

Chapter 232, Laws of 2000, Section 4
RCW 74.14A.050
Chapter 255, Laws of 2001, Section 6
RCW 74.14A.050

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FOSTER CHILDREN – LONG TERM NEEDS
KIDSCREEN

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EXECUTIVE SUMMARY

This is the seventh KIDSCREEN report provided by the Department of Social Health Services (DSHS) to the Washington State Legislature as required under Chapter 255, Laws of 2001, which modified RCW 74.14A.050.

Highlights of the report include the following:

- Children's Administration (CA) staff completed 3,445 KIDSCREENs between September 15, 2001 and December 13, 2002. Several hundred more are in process as of the date of this report.

- KIDSCREEN implementation has resulted in much higher utilization of *Early Periodic Screening, Diagnosis and Treatment – EPSDT* well-child examinations for children entering foster care. Approximately 72 percent of children placed are now receiving these medical examinations.

- At the end of the first year of KIDSCREEN implementation the program has begun to yield useful aggregate data:

    - KIDSCREEN results thus far indicate that 73 percent of children between 1.5 and 5 years of age presented with normal scores in the emotional/behavioral domain when tested using the Achenbach Child Behavior Checklist (CBCL). Eighteen percent of young children tested in the clinical range. For children in the 6 to 18 year age range, 53 percent fell into the normal range, with 38 percent in the clinical range.

    - KIDSCREEN developmental testing shows that 86 percent of infants from 0 to 4 months of age scored in the normal developmental range on the Denver II Developmental Screen. Twenty-six percent of children from 4 months to 5 years of age scored in the range requiring further assessment.

    - Complete data on findings for the five KIDSCREEN domains (*physical/medical, developmental, family/social, educational, and emotional/behavioral)* are included in Appendix A of this report.

- The Children's Administration and the Mental Health Division have developed a joint protocol to ensure that children scoring in the borderline and clinical ranges in the emotional / behavioral domain are referred and assessed for mental health services. CA is also developing protocols to ensure that young children in foster care are linked to Birth-To-Three programs, Head Start, Medicaid Treatment Child Care (MTCC), or other services to address developmental problems.

- The average length of time to KIDSCREEN completion has dropped during the first year of implementation from 85 days for children entering placement during the early phase of implementation to 50 days for children placed between June 2002 and October 2002. CA continues to work toward achieving 30-day completion as required in statute.

- Placement Coordinators in CA field offices have access to KIDSCREEN information to use in making placement decisions for children.

- During the last six months additional KIDSCREEN Training was conducted for experienced and back-up KIDSCREEN field staff. Training for all CA field office supervisors has begun and will continue into 2003.

- Each region of the state has developed a KIDSCREEN Improvement Plan to strengthen and streamline the KIDSCREEN process in their offices.

- Collaborative efforts between CA, Medical Assistance Administration (MAA), the Mental Health Division (MHD), and the Office of Superintendent of Public Instruction (OSPI) have developed processes to coordinate services to children.

- A KIDSCREEN Case Review will occur in the spring of 2003. This review will assess practice issues around KIDSCREEN testing, analysis, documentation, and use in case planning for children. It will also review Passport data entry by KIDSCREEN specialists and whether and how KIDSCREEN is being used to find an appropriate placement for the child.

- CA will examine the ways in which aggregate KIDSCREEN data can be used to improve CA's ability to predict children who are at risk for mental health problems, learning difficulties, or health and physical problems so that early referral to preventive services can occur.

- Kidscreen aggregate data will be analyzed to produce annual "child profiles" which will allow for greater understanding of the needs foster children have in each region. This information will assist regions to coordinate, improve, and tailor service contracts to better meet the needs identified by the "child profiles" their local communities.

INTRODUCTION

Chapter 232, Laws of 2000, requires that the Department of Social and Health Services (DSHS), Children's Administration (CA), implement a standardized, validated approach to assessing children in foster care within the first 30 days of placement. KIDSCREEN has been operational statewide since December 31, 2001.

The purpose of the assessment is to:

- Assist in providing appropriate services to children;
- Identify children who are likely to need long-term care and assistance;
- Assist in matching the child with an appropriate caregiver early in placement; and
- Assist in achieving the child's permanent plan in a timely manner.

Chapter 255, Laws of 2001, codified in RCW 74.14A.050, authorized the department to pilot the assessment process in selected CA offices throughout the state. The pilot occurred in five offices *(Spokane, Seattle South, Omak, Bellingham, and Aberdeen)* from November 2000 to June 31, 2001. The purpose was to test, analyze, and select standardized child assessment tools that would then be implemented statewide by December 31, 2001. Implementation was to be completed within current funding levels.

The outcome of the KIDSCREEN pilot led to the development of the final assessment model and to selection of the standardized, validated assessment instruments required in statute.

THE CURRENT KIDSCREEN REPORT

This is the seventh in a series of mandated KIDSCREEN reports. The focus of this report is to provide information on:

- Number of children screened
- Findings from KIDSCREEN regarding children's needs
- Completion time for KIDSCREEN
- Placement decisions using KIDSCREEN
- Case planning using KIDSCREEN
- Service links with identified needs for children screened
- Training for KIDSCREEN staff
- Regional Program Improvement Plans

THE KIDSCREEN MODEL AND THE SCREENING TOOLS

MODEL DESIGN

KIDSCREEN assesses the functioning of all children age birth to 18 within the first 30 days in foster placement. Screening is completed in five life domains:

- Physical
- Developmental
- Family/Social
- Educational
- Emotional/Behavioral

THE PHYSICAL DOMAIN is assessed using the Medicaid Well-Child *(Early Periodic Screening, Diagnosis, and Treatment)*, also called an EPSDT, examination conducted by qualified medical practitioners.

THE DEVELOPMENTAL DOMAIN is assessed using one of two standardized tests for young children. The Denver II Developmental Screen is used with infants from birth to four months of age.

The Ages and Stages Questionnaire is used for children from four months to five years of age. This instrument is comprised of a system of 19 separate questionnaires broken out by age of the child.

Standardized developmental assessment tools are not utilized by KIDSCREEN for school-age children. Developmental issues related to school-age children are identified and documented through school information and the Achenbach Child Behavior Checklist (CBCL) assessment tool.

THE FAMILY AND SOCIAL DOMAIN is assessed using a form developed by CA for use specifically with KIDSCREEN. The form integrates family social and risk issues to be assessed across several CA programs *(Child Protective Services, Child Welfare Services, and Family Reconciliation Services)*.

THE EDUCATIONAL DOMAIN is assessed using information from school documents. These include report cards, Individual Education Plans (IEPs), and other information about the child's educational history and academic functioning. For older children, developmental testing through the school may also be available.

THE EMOTIONAL/BEHAVIORAL DOMAIN is assessed using the standardized Achenbach Child Behavior Checklist (CBCL). This instrument was selected because it is designed to provide a comprehensive approach to assessing a child's functioning. It records both the child's competencies as well as problems, as reported by parents, teachers, and sometimes by children themselves. It is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Another valuable feature of this instrument is that it can be used with children from 18 months to 18 years of age.

OPERATIONAL PROTOCOL

KIDSCREEN "specialists" are staff designated in each CA region to conduct KIDSCREEN assessments on all eligible foster children. The specialists are experienced social workers who have been trained and qualified to administer, score, and interpret the standardized test instruments.

Children are identified for KIDSCREEN in the following ways:

- KIDSCREEN specialists regularly check for new placements in the Case and Management Information System (CAMIS).
- Social workers refer children to the KIDSCREEN specialist when they believe the child will remain in care beyond 30 days. Supervisors also alert KIDSCREEN specialists to new placements.

The specialist then engages the birth family and the child's caregiver to complete the appropriate assessment instruments. The specialist collaborates with the child's assigned social worker to refer the child for a Well-Child EPSDT exam and gathers educational, family/social, and other pertinent information on the child's functioning.

The completed KIDSCREEN "Evaluation Results Assessment" is staffed with the child's social worker and other appropriate individuals at the KIDSCREEN staffing. The identified needs of the child are discussed and an action plan is developed to address each of those needs. By statute, these activities are to occur within the first 30 days of placement.

The resulting action plan developed by those present at the KIDSCREEN staffing is included in the child's case plan portion of the Individual Service and Safety Plan (ISSP) by the child's assigned social worker. The ISSP is the department's service plan presented at six-month intervals to the court.

KIDSCREEN information is also documented in the child's Passport by the KIDSCREEN Specialist. The Passport is the document that compiles medical and educational information for case planning for children that remain in care beyond 90 days.

IMPLEMENTATION

KIDSCREEN TRAINING FOR STAFF

There are 52 staff statewide who have been trained to complete KIDSCREENS. Thirty-nine of these are regular KIDSCREEN Specialists, and 13 are "back-up" staff who fill in during regular staff absence. Although there are 39 KIDSCREEN Specialists, the staffing level remains constant since statewide implementation at 25.45 FTE's statewide.

Three levels of KIDSCREEN training are provided to staff at this time. Basic training and enhanced training were provided to KIDSCREEN specialists prior to and shortly after statewide implementation. Although orientation sessions regarding KIDSCREEN have occurred at the regional level for all staff, additional training was needed. These are the current types of training:

- *SUPERVISOR TRAINING* for supervisors of KIDSCREEN specialists and all program supervisors of social work staff. The emphasis is on KIDSCREEN requirements, best practice, and what supervisors can do to support staff and assist their regions to meet their improvement goals. The supervisor's key role is emphasized.

- *ENHANCED TRAINING FOR KIDSCREEN SPECIALISTS* focuses on writing clear concise action plans based on identified children's needs and engaging caregivers in the KIDSCREEN process.

- *NEW SPECIALIST BASIC TRAINING* for staff who need training on the basics and standardized tools. Staff in each region have been identified to back-up regular KIDSCREEN Specialists in their absence. This training occurred via five telephone sessions in October and November 2002. The training included the KIDSCREEN process and requirements, administration and scoring of the three standardized tools, Passport, and hands-on computer training for the Achenbach CBCL. This training will be repeated in the spring of 2003.

TRACKING SYSTEMS, DATA COLLECTION, REPORTING

TRACKING DATA BASE

The Children's Administration Data Unit and Division of Program and Policy Development have collaborated to develop an electronic database, which was completed in September 2002. This database provides information on all children placed in out-of-home care each month. The data are based on placement dates entered into CAMIS.

Using spread sheets from information in this database, KIDSCREEN Coordinators in each region work with the specialists in their respective regions to ensure that screens have been completed for all children entering the foster care system as

new placements and continuing in placement beyond 30 days. The database is updated monthly by KIDSCREEN Coordinators based on information from KIDSCREEN Specialists.

This database is programmed to provide "real time" on-line reports from each region on the status of children screened. The following reports are available:

- Number of placements per region;
- Number of placements reviewed for KIDSCREEN eligibility;
- Number of KIDSCREENS completed;
- Number of KIDSCREENS awaiting attention;
- Number of KIDSCREENS in process;
- Number of placements eligible for KIDSCREEN, but not completed for legitimate reason; and
- Number of discrepancies for purposes of data integrity.

This database assists the regional KIDSCREEN coordinators and CA Management in tracking all children placed in order to ensure that those children eligible for KIDSCREEN are being screened. It provides access to current information for purposes of collaboration within CA and with other agencies.

Table 1 contains information from the database showing the aggregate numbers of screenings completed for children placed from September 15, 2001 through October 31, 2002, with completed KIDSCREENS by December 13, 2002:

TABLE 1
REGIONAL BREAKOUT OF KIDSCREENS COMPLETED

Region	Number Placed	Number Need Screening	Number Screenings In Process	Number Screenings Completed	Returned home before screening completed
1	1306	779	110	559	87
2	1129	631	16	570	31
3	1037	806	270	464	32
4	1501	826	22	747	33
5	1675	742	183	483	39
6	1976	1086	336	622	108
Total	**8624**	**4870**	**937**	**3445**	**330**

The "In process" column shows the number of children identified as requiring a screening for whom a KIDSCREEN has been started but not yet completed.

There is also a group of children for whom KIDSCREEN is not required (3,754), and a smaller group of 158 children whose KIDSCREEN was required, but not completed. Examples for non-completion would be children placed out of state, or on the run. For this reason the numbers above will not total to the number of placements statewide.

CAMIS DATA COLLECTION AND REPORTING

KIDSCREEN results are entered and tracked in the CA Case Management Information System (CAMIS). The KIDSCREEN CAMIS module collects aggregate data on KIDSCREEN findings, identified service needs, and case planning at the time of the KIDSCREEN completion and staffing.

Modifications and improvements have been made to the KIDSCREEN CAMIS module to address issues identified by the KIDSCREEN Case Review in April 2002 and through use of the module since that time. For example, CA has expanded its ability to track individuals present at a KIDSCREEN staffing. The information from CAMIS indicates that in addition to the child's assigned social worker and the KIDSCREEN Specialist, who are required to be present, there have been other individuals important to the child present at the staffing.

Table 2 identifies individuals present at 3,278 KIDSCREEN staffings from September 2001 through December 13, 2002. Beginning in August 2002, CA began tracking the attendance of KIDSCREEN Specialists and the assigned social workers in addition to others at KIDSCREEN staffings. For this reason, the number of staff present are not reflective of all staffings completed in the total number provided here.

TABLE 2
PRESENT AT KIDSCREEN STAFFING

ROLE	NUMBER
Social Worker	1247
KIDSCREEN Specialist	1261
Supervisor	297
Parent	187
Caregiver	228
Medical Provider	18
Other Social Worker	197
School Staff	32
Mental Health Staff	37
Other Professionals	748

The information in the table above indicates collaboration and teaming with parents, foster parents and/or relative caregivers and other professionals to address identified needs for children.

REGIONAL IMPROVEMENT PLANS

As a result of the KIDSCREEN Case Review completed in April 2002, each region developed a KIDSCREEN Program Improvement Plan.

The Program Improvement Plan identified a region's strengths and areas for improvement while setting improvement goals and target dates for reaching those regional goals. These plans were developed in collaboration with headquarters management staff. The Program Improvement Plan for each region focuses on issues requiring greater attention statewide. These include:

- Complete KIDSCREEN within 30 days of placement;
- Clarity in writing action plan steps to meet child's identified needs;
- Include KIDSCREEN information in the child's Individual Service and Safety Plan (ISSP);
- Share KIDSCREEN information with birth parents and caregivers;
- Use KIDSCREEN to better match the child to the caregiver;
- Increase Passport documentation;
- Document participants at KIDSCREEN staffing; and
- Provide and document services for child 60 days following KIDSCREEN staffing.

Strategies for resolving these issues were developed, and improvements are underway. Regional staff set their target dates for improvement in these areas to occur from September 2002 through January 2003.

ISSUES FOR WHICH IMPROVEMENT IS EVIDENT

- KIDSCREEN completion time has decreased statewide from an average of 85 days indicated in the KIDSCREEN Case Review conducted in April 2002 to an average of 50 days for placements from June 2002 to October 2002. This area continues to require attention when staff absence occurs or KIDSCREEN field staff must shift priorities to other activities which require their time. Some offices have trained "back-up" KIDSCREEN Specialists to fill in for specialists when necessary.

- Statewide completed samples of KIDSCREEN Results – Staffing & Action Plans were reviewed for clarity and documentation of lead responsibility for ensuring the child was linked to a needed service in a timely manner. Improvement was evident in the review of completed KIDSCREENS from all parts of the state. Two workshops on this issue were held for KIDSCREEN Specialists statewide in October 2002.

- The ISSP is being modified so that KIDSCREEN and additional federally required information is included. The changes to the ISSP are targeted for completion by January 2003. Training for supervisors will include this topic to alert all program supervisors on the importance of including KIDSCREEN information in the child's ISSP.

- Training for KIDSCREEN Specialists focused on engaging caregivers in the KIDSCREEN process. Training for all program supervisors includes the

importance of sharing KIDSCREEN information with birth parents and foster parents or relative caregivers. Given the increased attendance of other parties at the KIDSCREEN staffing, shown by CAMIS data, KIDSCREEN findings and recommendations are being discussed with relevant individuals involved with the child.

- Modifications were made to the KIDSCREEN CAMIS Module to be able to capture the roles of those present at the KIDSCREEN Staffing. This occurred in August 2002. Other improvements to the module to better capture KIDSCREEN findings were completed in November 2002.

AREAS FOR CONTINUED IMPROVEMENT

- Continued emphasis on using the KIDSCREEN to better match a child with a caregiver works when it is necessary for the child to change placements. Additional information about how and whether the KIDSCREEN is helpful in this area will be noted during the next KIDSCREEN Case Review in Spring 2003.

- Training for new or back-up KIDSCREEN Specialists includes a component on the documentation of KIDSCREEN information in the CAMIS Passport Module. Regional Coordinators have emphasized to specialist staff the importance of completing this documentation. This issue will also be reviewed in the Spring 2003 KIDSCREEN Case Review.

- Ensuring follow-up of identified issues in the child's case plan. The KIDSCREEN CAMIS Module indicates whether issues seen as problematic in a particular life domain are addressed in the case plan at the time of the KIDSCREEN Staffing. The KIDSCREEN action plan should also include the particular service to address any identified problems. Tracking whether the services for children were provided 60 days following KIDSCREEN will be reviewed again at the time of the next KIDSCREEN Case Review in Spring 2003.

SECOND KIDSCREEN CASE REVIEW

A second KIDSCREEN Case Review will occur in approximately March of 2003. CA will sample completed KIDSCREENS from each region. A similar methodology to that used in the April 2002 KIDSCREEN Case Review will be used so that results of the first and second case review can be compared. Issues measured in the prior review of April 2002 will be measured again. The next Legislative Report in June 2003 will include findings from the second KIDSCREEN Case Review.

COMPLETING KIDSCREEN WITHIN 30 DAYS

As of December 13, 2002, approximately 71 percent of all required KIDSCREENS have been completed statewide.

By statute, KIDSCREEN completion is required for children within the first 30 days of placement. CA has tracked compliance with this requirement since the inception of the program.

From September through December 2001, less than 10 percent of required KIDSCREENS were being completed within 30 days. In February 2002, that percentage rose to over 20 percent and has fluctuated between 13 percent to 23 percent up through September 2002. Over 40 percent of all required KIDSCREENS statewide were being completed within 60 days of placement as of September 2002.

All regions are working toward the goal of completing KIDSCREENS within 30 days of placement. Regional variance in staffing and workload account for some of the differences among regions. From June 2002 through October 2002, two CA regions have met the 30-day completion time for required KIDSCREENS in 84 percent to 88 percent of cases. In those two regions the *average number of days* to KIDSCREEN completion was 42 and 47 days from date of placement.

There are several issues affecting KIDSCREEN completion that are beyond the department's control. For example, medical providers may not be able to schedule a child for a well-child EPSDT examination within 30 days of placement. Although contacts with school districts throughout the state have been established to obtain school records for children in placement, some records are not available during extended vacation times.

Children's Administration will continue working with regional and field staff toward full compliance with the requirement to complete KIDSCREEN within 30 days of placement.

RESULTS AND FINDINGS

FINDINGS FROM THE CAMIS KIDSCREEN MODULE

The information below represents KIDSCREEN data entered into the CAMIS module for 3,278 children with completed screenings from September 15, 2001, through December 13, 2002. Complete screening data on these children are presented in the tables in Appendix A of this report. Below is a summary of the major descriptive findings from KIDSCREEN CAMIS data, broken out by domains.

PHYSICAL/MEDICAL DOMAIN

Statewide 72 percent or 2,363 children have completed Well-Child EPSDT. The majority of these children (1,365) are receiving the examinations within 30 days of placement. For those children not receiving Well-Child examinations during the first 30 days, the majority 47 percent (427) have appointments scheduled for a future date, and 384 children received well-child examinations between 30 to 45 days of placement.

During 2001, CA and Medical Assistance Administration (MAA) collaborated on strategies to increase the number of foster children receiving EPSDT examinations. This resulted in an increased payment for medical providers conducting Well-Child examinations for children in foster care beginning in November 2001.

MAA had sampled a group of newly placed foster children in care for greater than 30 days for a two-month period – July and August 2001. The sample was obtained by matching the MAA claims file for children in the sample, and identifying how many were billed for Well-Child examinations.

The group of children in this sample showed that at 60 days of placement 70 percent of the children were not receiving a Well-Child examination during the two-month sample period: (see Table 3 on next page)

TABLE 3
MEDICAL ASSISTANCE ADMINISTRATION DATA
Total Sample = 461

Question	Number of clients	Percent *(denominator = 461)*
1. How many foster care children did not get a Well-Child exam within 60 days of placement in the foster care program?	322*	70%
2. How many clients got at least one Well-Child exam within 30 days of placement?	79	17%
3. How many clients got at least one Well-Child exam within 45 days of placement?	(79 + 34) = 113	25%
4. How many clients got at least one Well-Child exam within 60 days of placement?	(79 + 34 + 26) = 139	30%

**This number includes those clients who had no Well-Child visit billed (225), those clients who had no claims data (50), those clients who had a Well-Child exam billed prior to entry into the foster care system but not after entering the system (4), and those clients who had a Well-Child exam billed beyond 60 days of placement (43).*

The emphasis placed on obtaining Well-Child examinations to complete the physical/medical domain through KIDSCREEN, along with the increase in the provider payment for Well-Child exams conducted for foster children have contributed to an increase in the number of children obtaining Well-Child examinations early in their foster placement.

EDUCATIONAL DOMAIN

Education records were received for 49 percent or 863 of 1,759 school age children. Of the group for whom education records were received, approximately 35 percent, or 611 of the children were receiving special education services indicated by receipt of an IEP in the educational records. Education records were requested but not yet received for approximately 51 percent, or 896 children.

Children's Administration and the Office of the Superintendent of Public Instruction (OSPI) collaborated, and formed a workgroup to address coordination of services for children in foster care. This workgroup produced a report with recommendations for improvements.

DEVELOPMENTAL DOMAIN

The Denver II Developmental Screen (DDST II) is being used for children age 0 to 4 months. CA completed 503 DDST II's for infants. The majority of these infants (86%) were in the normal range averaged across the four Denver categories. A smaller percentage (11%) of these infants had scores that were in the suspect range and needed to be referred for further assessment.

The Ages & Stages Questionnaires (ASQ) are used for children age 4 to 60 months. A total of 1074 ASQs have been completed. The category showing the highest number of children with issues was the Communications category. In the Communications category, 275 or 26 percent of children scored in the range for further assessment.

The Children's Administration is currently developing a referral method to provide clear direction for social work staff in referring children with suspected developmental delays to community services. This will promote the use of existing community resources such as:

- Infant-Toddler Early Intervention Program;
- Head Start;
- Medicaid Treatment Childcare, and
- School District Referrals.

Identifying and addressing any developmental lags early in the child's life will improve the eventual outcome for these children.

FAMILY/SOCIAL DOMAIN

This domain assesses family social and risk issues. Data are collected for two caretakers (parents/guardians). From a total of 3,278 KIDSCREENS, 3,276 primary caretakers were identified. A smaller number of secondary caretakers (1,741), were identified. Several areas stood out significantly as issues for these caretakers/parents. These issues were:

- Parenting skills/expectations for child was an issue for 85 percent of caretakers.
- Stress on family – 96 percent
- Economic resources of family – 84 percent

Substance abuse was identified as an issue for both caretakers (when two caretakers were identified for the child) 70 percent of the time. Primary caretakers (usually the mother) had substance abuse as an issue 73 percent of the time. Secondary caretakers (usually the father) had substance abuse as an issue 67 percent of the time.

EMOTIONAL/BEHAVIORAL DOMAIN

The Achenbach Child Behavior Checklist (CBCL) was completed for 580 children 1.5 to 5 years old. The majority of these children 73 percent or 421 children, had a "Total Problems" score in the normal range. A smaller group of 105 children or 18 percent, had clinical scores in the area of Externalizing Problems. Externalizing problems include behaviors such as:

- Hitting others
- Destroying things
- Temper tantrums
- Screaming
- Angry moods
- Showing no guilt
- Clumsiness
- Can't sit still

For older children ages 6 to 18 years, 1,463 CBCL's were completed. The percentage of children who had scores in the clinical range for "Total Problems" rose to 38 percent for 562 children/youths. For "Externalizing Problems," 37 percent or 537 of these children/youths showed scores in the clinical range. More children also had scores in the borderline ranges for "Internalizing," "Externalizing," and "Total Problems." For older children, "Externalizing Problems" include behaviors such as:

- Breaking rules
- Cheating/lying/stealing
- Threatening others
- Attacking others
- Destroying others or their own things
- Alcohol/drug use
- Vandalism
- Fire setting
- Running away
- Temper outbursts
- Sexual problems

The Children's Administration and the Mental Health Division have developed a plan for responding to the needs of children scoring in the borderline clinical ranges on the CBCL. The Children's Administration will refer all children whose KIDSCREEN indicates a need for mental health services to the Regional Support Network (RSN) for further assessment and, if necessary, treatment.

As with the developmental domain, CA is working on a protocol to provide clear direction to social work staff on referring children who have borderline or clinical score ranges for assessment and treatment.

USE OF KIDSCREEN IN CASE PLANNING

Information in the CAMIS KIDSCREEN Module shows that at the time of the KIDSCREEN staffing, the majority of action plans address the identified needs of the child across all domains.

Table 4 shows a breakout of 3,282 completed KIDSCREENS, with issues addressed at the time of the KIDSCREEN staffing. For example, in the Physical/Medical domain, less than half the problems are being addressed prior to the completion of a KIDSCREEN. That figure rises after the completion of a KIDSCREEN.

The Family/Social domain shows a different picture. Approximately two-thirds of problems in this domain are addressed in the case plan prior to KIDSCREEN completion. These problems are often the reasons why a child is removed from the parents, and are addressed by social workers.

The three domains in which more issues are evident among children entering care are the Physical/Medical, the Family/Social, and the Emotional/Behavioral domains. Often, an issue is suspected when a child enters care and then confirmed by KIDSCREEN.

The domain showing the fewest identified issues is the Educational domain followed by the Developmental domain. For some children, no issues were identified in one or more domains.

TABLE 4
KIDSCREEN DOMAIN ISSUES ADDRESSED AT STAFFING
N = 3282

DOMAIN	Issue addressed in case plan prior to KIDSCREEN completion	Issue added to case plan after KIDSCREEN completion	Issue not addressed in case plan	No issue identified
Physical/Medical	1242	1394	15	631
Educational	1032	836	58	1356
Family/Social	2139	694	17	432
Developmental	1006	984	67	1225
Emotional/ Behavioral	1267	1036	48	931

Note: the data for this report were run December 13, 2002. Since it is "live data," four additional KIDSCREENS had been entered since the data were obtained for the KIDSCREEN findings in the prior section. Therefore, the totals will be off by four KIDSCREENS.

All issues across domains are addressed at the KIDSCREEN staffing. Action plans to address the issues are developed collaboratively by those present at the staffing. It is the responsibility of the child's assigned social worker to link the child with services to meet the identified needs as recommended in the action plans.

USE OF KIDSCREEN IN PLACEMENT DECISIONS

Because the child is usually already in out-of-home placement when KIDSCREEN is initiated, there is little opportunity to use the KIDSCREEN in selecting the child's initial placement. However, in cases where a child needs to be moved from a receiving home to a foster or relative home, KIDSCREEN information is used in providing the new caregiver with information about the child's needs.

KIDSCREEN information is used to apprise the new potential caregiver of the child's needs and the services necessary to meet these needs. The caregiver's role and responsibility in ensuring that the child gets to appointments, or is provided with certain developmentally stimulating activities, is discussed prior to placement. Thus, the caregiver is better informed about whether the caregiver is able to make a commitment to caring for a particular child.

KIDSCREEN has served to strengthen and stabilize a placement by providing services to the child. For example, a child might have externalizing problems such as aggression and rule breaking behaviors. The KIDSCREEN has indicated that this child has a borderline or clinical score in the emotional/behavioral domain of his or her life. The action plan resulting from this may require that the child and caregiver participate in a form of therapy which teaches the caregiver to modify the child's acting out behavior. Thus the service to the child indirectly serves to reduce the stress in the foster home by improving his behavior and providing skills for the child's caregiver. By enhancing the emotional health and development of children in foster care, CA can improve the children's prospects for permanency – whether this is reunification with birth families or another permanent plan.

CA is currently working with KIDSCREEN Coordinators and field staff to have completed KIDSCREENS accessible in electronic format for Placement Coordinators in each region. Placement Coordinators will then have access to KIDSCREEN information for children when a placement change is necessary. They will be able to better describe the child to the potential foster parents and discuss the level of care the child will need. The goal is always to find the most appropriate and stable placement available for a particular child, given the child's needs.

NEXT STEPS

The Children's Administration has identified the following steps to support the ongoing implementation of the KIDSCREEN program, and to maximize the benefits of the program:

- **Training:**
  Information about KIDSCREEN has been incorporated into the Children's Administration Academy curriculum for training of new social workers.

  Additional training on KIDSCREEN for Children's Administration supervisors will be completed by April 2003.

- **Implementation Case Review:**
  A second KIDSCREEN case review will be completed by March 2003. This review will assess the effectiveness of KIDSCREEN implementation statewide. Each Children's Administration region will develop a plan to address on-going implementation issues identified through the review.

- **Child Profiles / Resource Development:**
  KIDSCREEN aggregate data will be analyzed to produce annual "child profiles" to assist regions and offices in achieving a clearer understanding of the needs of the children in foster care in their areas. This information will help guide appropriate resource development in communities as well as policy and training development within the administration.

Children's Administration regional and field offices will be able to use aggregate child profile information to assess their array of service resources against the needs of the children served in the foster care system. This will allow regions to develop service contracts tailored to the needs of the children in their communities, and to work with other service providers such as mental health Regional Support Networks to develop and coordinate service delivery to children in foster care.

KIDSCREEN DOMAIN STATISTICS

KIDSCREENS Completed with Staffing Dates ***N = 3278***

OPD[1] Selection Dates From: 9/15/2001
To: 12/13/2002

PHYSICAL DOMAIN:		**Total**	**%**
MEDICAL EXAMS	***N = 3278***		
Children With Completed EPSDT		2363	72
Children W/O Completed EPSDT		915	28
Reasons For No Examination	***N = 915***		
A - Problem With Medical Coupon Payment		61	7
B - Scheduled Future Date		427	47
C - No S/W Follow Through		10	1
D - No Medical Provider		32	4
E - No Caregiver Follow Through		328	36
F - Child Ill or Hospitalized		48	5
G - Youth Refuses or On The Run		9	1
Children W/O Completed EPSDT & N/Reason	***N = 0***		
EDUCATION DOMAIN: *(Excludes Reason E- Child not of School-Age)*		**Total**	**%**
EDUCATION RECORDS:			
(School-Age Only)	***N = 1759***		
(Not of School Age)	***N = 1519***		
Education Records Received		863	49
No Education Records Received		896	51
REASONS FOR NO EDUCATION RECORDS	***N = 896***		
A - School Vacation		259	29
B - Requested, Not Yet Received		495	55
C - School-Age Child Not In School		103	12
D - Unable To Locate School		39	4
INDIVIDUAL EDUCATION PLAN RECEIVED	***N = 1759***		
YES- IEP Received		611	35
NO - IEP Received		905	51
Unknown		243	14
INDIVIDUAL EDUCATION PLAN CURRENT	***N = 611***		
YES- IEP Current		315	52
NO - IEP Current		282	46
Unknown		14	2
CHILD/YOUTH SUBSTANCE ABUSE	***N= 3278***		
Yes- Substance Abuse		197	6
No - Substance Abuse		3087	94

[1] Original Placement Date entered in CAMIS

DEVELOPMENTAL DOMAIN: *(Excludes Reason A- N/A, Age Of Child)*							**Total**	**%**
DENVER *(Child 0 to 4 Months Of Age)*						***N = 3278***		
Assessments Completed							503	15
Assessments Not Completed							2775	85
REASONS FOR NO DENVER ASSESSMENTS						***N = 2775***		
A - N/A Age of Child							2758	99
B - Caregiver Uncooperative							3	0
C - Infant Medically Compromised							13	0
D - Current Valid Assess. from other source							1	0
DENVER	***N = 503***	**Normal**	**%**	**Suspect**	**%**	**Untestable**	**%**	
Fine Motor		422	84	63	13	9	2	
Gross Motor		437	87	55	11	2	0	
Personal/Social		449	89	42	8	3	1	
Language		426	85	62	12	6	1	
ASQ *(Child 4 to 60 Months Of Age)*						***N = 3278***	**Total**	**%**
Assessments Completed							1074	33
Assessments Not Completed							2204	67
REASONS FOR NO ASQ ASSESSMENTS						***N = 2204***		
A - N/A Age of Child							2128	97
B - Caregiver Uncooperative							49	2
C - Infant Medically Compromised							17	1
D - Current Valid Assess from other source							10	0
ASQ *(Scores in range for further assessment)*						***N = 1074***		
Fine Motor							162	15
Gross Motor							93	9
Personal/Social							162	15
Problem Solving							187	17
Communications							275	26

FAMILY/SOCIAL DOMAIN: *Caretaker #1* ***N=3276*** *Caretaker #2* ***N=1741***	**#1**	**%**	**#2**	**%**
(Identified as Caretaker(s) Issues)				
Parenting Skills/Expectations For Child	2927	89	1404	81
Recognition of Problem/Motivation To Change	2772	83	1316	76
Mental-Emotional, Intellect or Physical	2570	78	1079	62
Substance Abuse	2378	73	1161	67
Level of Cooperation	2215	68	1079	62
Empathy/Nuturance Bonding	2179	67	1068	61
Protection of Child By Non-Abusive Caretaker	1936	59	1004	58
History of Violence of Caretaker*(To others)*	1563	48	1002	58
History of CA/N As A Child	1633	50	568	33

FAMILIAL, SOCIAL AND ECONOMIC FACTORS *(Identified as a Family Issue)*	***N = 3278***	**Total**	**%**
Stress on Family		3154	96
Economic Resources of Family		2763	84
Support for Family		2383	73
Domestic Violence *(Between Intimate partners)*		1982	60

EMOTIONAL/BEHAVIORAL DOMAIN:							**Total**	**%**
CBCL *(1.5-5 YEARS)*	***N = 1676***							
Assessments Completed							580	35
Assessments Not Completed							1096	65
REASONS FOR NO CBCL 1.5-5 RECORDS	***N = 1096***							
A - NA, Age of Child							926	85
B - Caregiver Unavailable/Uncooperative							152	14
C - Child Unavailable/Uncooperative							18	2
D - Child is/may be Developmentally Delayed							0	0
CBCL T SCORES *(1.5-5)* ***N = 580***	**Normal**	**%**	**Borderline**	**%**	**Clinical**	**%**		
Internal T	424	73	57	10	99	17		
External T	422	73	53	9	105	18		
Total Problems T	421	73	53	9	106	18		
TYPE OF TESTS UTILIZED (1.5-5 YEARS)	***N = 580***							
CBCL 1.5-5							547	94
C-TRF							33	6
CBCL *(6-18 YEARS)*	***N = 1602***						**Total**	**%**
Assessments Completed							1463	91
Assessments Not Completed							139	9
REASONS FOR NO CBCL 6-18 RECORDS	***N = 139***							
A - NA, Age of Child							9	6
B - Caregiver Unavailable/Uncooperative							119	86
C - Child Unavailable/Uncooperative							10	7
D - Child is/may be Developmentally Delayed							1	1
CBCL T SCORES *(6-18)* ***N = 1463***	**Normal**	**%**	**Borderline**	**%**	**Clinical**	**%**		
Internal T	872	60	143	10	448	31		
External T	806	55	120	8	537	37		
Total Problems T	758	53	143	10	562	38		
TYPE OF TESTS UTILIZED *(6-18 YEARS)*	***N = 1463***							
CBCL 6-18							1145	78
TRF							192	13
YSR							126	9

CHILD CHARACTERISTICS:		**Total**	**%**
GENDER	***N = 3278***		
Male		1700	52
Female		1578	48

RACE/ETHNICITY *N = 3278*	Total	%	N/Hisp	%	Hisp	%	N/Ask	%
Caucasian	1827	78	222	10	284	12	2333	71
African/American	325	86	30	8	25	7	380	12
American Indian	192	72	32	12	43	16	267	8
Asian/Pacific Islander	41	75	6	11	8	15	55	2
Some Other Race	12	7	150	88	8	5	170	5
Race Question Not Asked	2	4	3	6	45	90	50	2
Race Unable to Determine	1	4	3	13	19	83	23	1

REFERRAL PROGRAM	*N = 3278*	**Total**	**%**
CPS		2754	84
CWS		452	14
FRS		72	2

LEGAL STATUS	*N = 3278*	**CPS**	**%**	**CWS**	**%**	**FRS**	**%**
D - Dependent		1601	58	256	57	12	17
S - Shelter Care		724	26	75	17	10	14
V - Voluntary Placement		192	7	52	12	13	18
No Legal Action Found		0	0	0	0	0	0
All Others *(G, LF, CH)*		237	9	69	15	37	51

PLACEMENT TYPE	*N = 3278*	**Total**	**%**
Foster/Group Home *(FH,GH,FR,FN)*		2146	65
Relative Placement *(RP)*		774	24
All Others *(Court Order, On the Run, Hospital, etc)*		197	6
Birth Adoptive/Non Custodial Parent *(BA,BN,OH)*		42	1
Crisis Residential/Crisis Group Home *(CF,CG,CS,CR)*		119	4

PERMANENCY PLAN	*N = 3278*	
Return Home (H)	2754	84
No Plan Established or Unknown *(N,U)*	272	8
All Others *(RP,FC,G,AD & IL)*	252	8

EPSDT TEST COUNTS BY DAY RANGE	
Under 30 days	1365
30 to 45 days	384
46 to 60 days	193
61 to 75 days	139
76 to 90 days	71
91 to 105 days	52
106 to 120 days	48
121 to 135 days	34
Over 135 days	77
EPSDT Completed Totals	2363

APPENDIX B

EXAMPLES OF KIDSCREEN IN ACTION FROM THE FIELD

The following are examples of how KIDSCREEN specialists work with social workers to link children with local resources.

- A 12-year-old child had attempted suicide prior to being placed. His biological parent downplayed the child's suicidal behaviors. During the screening process, and prior to placement, he was interviewed and told the screener about the incident. He was assessed as being depressed and still thinking about suicide. The KIDSCREEN specialist and social worker suggested that the foster parent observe the child closely and ensure that his therapy appointments were kept. They also made sure that the therapist was aware of the child's suicidal tendencies.

As a program, KIDSCREEN provides information that will lead to much earlier intervention and remedial action for identified needs of children in foster care. Occasionally, such information is critical in the life of a child. Here are two case examples in the words of CA field staff.

- "I acquired a case with a four-year-old little boy. The KIDSCREEN Specialist went out to assess him and his sister in their placement. When she returned, she informed me that it appeared this child was having some pretty significant vision problems. She noted that he would sit only inches from the TV to watch it. Also, when she tried to show him a praying mantis outside, the little guy needed a magnifying glass to see it. Among her recommendations was an immediate vision check. I went to work on it and got an appointment with the doctor. He saw this little boy last week and is starting him on a prescription that magnifies 10 times.

  According to the foster parent, the doctor stated that if this child had gone another six months without intervention, there would have been nothing that could have been done to save his vision. The specialist did a great job of getting out there early and making me aware of her concerns. I can't imagine what it will be like for this little person the first time he sees the world clearly. It feels good to know I'm part of the team that made it possible."

- "CPS picked up two children on 7/25/02. During the first visit with the parents on 8/2/02, I conducted the developmental screenings and spoke with the parents about the children's medical history. The parents disclosed that the one-year-old was born with only one kidney and had not been to the doctor since she was approximately two months old. The parents had originally told the CPS worker that neither child had any medical conditions and were not on any medications. I obtained the previous doctor's name and information from Children's Hospital. I passed this on to the CPS social worker and the foster parent. The foster parent lives quite a distance from the previous doctor, but decided to make a trip for the first Well-Child EPSDT appointment to get more information on the kidney problem.

  It turned out that the one-year-old had been diagnosed with left multicystic dysplastic kidney disease with right-sided hydronephrosis. The parents were supposed to have taken the baby back to Children's Hospital after the initial appointment at one week for possible re-implantation of her right urethra, then again at 3 months for renal ultrasound and follow-up.

They did not do this. Nor did they give the child the preventive antibiotics daily to reduce the likelihood of urinary tract infections – which could have become very serious.

The foster parent is now following up with the doctor and Children's Hospital for the child's kidney care and immunizations. The doctor told the CPS worker that the child will most likely need to remain on antibiotics the rest of her life."

The CPS worker has amended her original dependency petition to include medical neglect.